PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10-553348

				1000000								
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN	
			(Column	n 1)		Column 2)	1.		<u> </u>	7.`` 1 .		
U.S.	. NATIONAL S	STAGE FEES	<u> </u>					RATE	FEE		RATE	FEE
BAS	IC FEE	·····	SMALL ENT.		LARC	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	3WW
EXAMINATION FEE			Satisfies PCT Ar (4) = \$50	/\$100	ı	her situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	
SEA	RCH FEE .		U.S. is ISA = \$ ALL other cou \$ 200 / \$	intries =		her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	
FEE	FOR EXTRA S	PEC. PGS.	minı	us 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
тот	AL CHARGEAE	BLE CLAIMS	/3 minus 20 = *					X \$ 25 =		OR	X \$ 50 =	
INDE	PENDENT CL	AIMS	minus 3 = *					X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER '	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus ,	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	Minus ***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
<i>,</i>					•			TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING · AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE)	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***	•	=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	-	OR	+ \$ 360 =	·
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
**	If the "Highest Nu	mn 1 is less than the mber Previously Pal	id For" IN THIS SP	ACE is les	s than '20	0', enter "20".			-			
		mber Prevlously Pai nber Previously Paid					d in th	e appropriate box	in column 1.			